SEP 15 1943


# Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

*Volume 24* AUGUST 1943 *Number 8*


## Longevity of Wage-Earners Increases in First Year of War

NOTWITHSTANDING the casualties of war and the hardships on the home front, the average length of life among the many millions of Metropolitan Industrial policyholders, as computed from the prevailing mortality rates, rose to the all-time high figure of 64.18 years in 1942. This record, bettering the previous year's figure by nine months, marks the thirteenth successive year of gain in average length of life for this group. The increase has amounted to about 15 years in the quarter century since the first World War and to about 30 years in the past six decades. Figures on the expectation of life since 1879 are shown in Table I on the following page.

The improvement in longevity has been greater in the industrial population than in the general population of the United States. In 1911 the policyholders were at a disadvantage to the extent of 6.4 years in the expectation of life at birth; the difference has diminished over the years and has now been virtually wiped out. This striking evidence of life conservation has greatly increased the forces now available to man the battle lines and the production lines.

The longevity of the American people, as reflected by this large group of insured persons, has reached such high levels that, on an average, half a century of life lies before a white boy of 16 or a young woman of 21 years, as is evident from Table II. The so-called weaker sex has the greater longevity by about five years. Another interesting fact to be noted in this table is that at age 35 the Industrial policyholder has on an average as many years before as behind him.

The next quarter century will undoubtedly bring many changes in the lives of the American people, and even those now in midlife will live to see many of these developments. Under present mortality conditions, white men 45 years of age and white women close to 50 still have a quarter century of life before them, on the average. Thus, the postwar world will be built not alone by those who are now young, but also by those who have already accumulated the experience and wisdom of years.

The splendid record for longevity

## TABLE I

EXPECTATION OF LIFE AT BIRTH. WEEKLY PREMIUM-PAYING BUSINESS INDUSTRIAL DEPARTMENT, 1879–1889 TO 1942. METROPOLITAN LIFE INSURANCE COMPANY

| CALENDAR YEAR | EXPECTATION IN YEARS | CALENDAR YEAR | EXPECTATION IN YEARS | CALENDAR YEAR | EXPECTATION IN YEARS |
|---|---|---|---|---|---|
| 1942 | 64.18 | 1933 | 59.19 | 1924 | 55.62 |
| 1941 | 63.42 | 1932 | 58.80 | 1923 | 54.55 |
| 1940 | 62.93 | 1931 | 57.90 | 1922 | 55.04 |
| 1939 | 62.50 | 1930 | 57.36 | 1921 | 55.08 |
| 1938 | 61.94 | 1929 | 55.78 | 1919–1920 | 51.14 |
| 1937 | 60.71 | 1928 | 55.88 | 1911–1912 | 46.63 |
| 1936 | 60.31 | 1927 | 56.42 | 1879–1889 | 34.00 |
| 1935 | 60.25 | 1926 | 55.02 | | |
| 1934 | 59.45 | 1925 | 55.51 | | |

Gain, 1942 since 1911–1912, 17.55 years; since 1879–1889, 30 years.

## TABLE II

EXPECTATION OF LIFE AND MORTALITY RATE PER 1,000 AT SPECIFIED AGES BY COLOR AND SEX. WEEKLY PREMIUM-PAYING BUSINESS, INDUSTRIAL DEPARTMENT, 1942. METROPOLITAN LIFE INSURANCE COMPANY

| AGE | EXPECTATION OF LIFE | | | | | MORTALITY RATE PER 1,000 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total Persons | White | | Colored | | Total Persons | White | | Colored | |
| | | Males | Females | Males | Females | | Males | Females | Males | Females |
| 5 | 62.69 | 60.51 | 65.51 | 56.11 | 58.50 | 1.08 | 1.24 | .84 | 1.66 | 1.37 |
| 10 | 57.92 | 55.79 | 60.72 | 51.52 | 53.80 | .58 | .72 | .45 | 1.36 | .81 |
| 15 | 53.12 | 51.01 | 55.87 | 46.92 | 49.12 | 1.07 | 1.17 | .70 | 2.30 | 2.39 |
| 20 | 48.48 | 46.40 | 51.10 | 42.58 | 44.88 | 1.96 | 2.33 | 1.17 | 3.92 | 4.16 |
| 25 | 43.99 | 41.97 | 46.42 | 38.47 | 40.82 | 2.38 | 2.65 | 1.53 | 4.98 | 4.65 |
| 30 | 39.51 | 37.49 | 41.80 | 34.43 | 36.75 | 2.75 | 2.77 | 1.96 | 5.77 | 5.02 |
| 35 | 35.08 | 33.04 | 37.23 | 30.44 | 32.69 | 3.64 | 3.83 | 2.55 | 7.10 | 6.24 |
| 40 | 30.76 | 28.74 | 32.73 | 26.58 | 28.78 | 5.14 | 5.83 | 3.54 | 9.42 | 8.47 |
| 45 | 26.62 | 24.67 | 28.36 | 22.91 | 25.06 | 7.34 | 9.00 | 5.17 | 13.03 | 11.10 |
| 50 | 22.67 | 20.88 | 24.16 | 19.49 | 21.52 | 10.49 | 13.26 | 7.64 | 18.05 | 15.17 |
| 55 | 18.93 | 17.35 | 20.16 | 16.35 | 18.25 | 15.12 | 19.06 | 11.52 | 24.77 | 20.75 |
| 60 | 15.47 | 14.11 | 16.43 | 13.47 | 15.23 | 22.56 | 28.12 | 18.25 | 34.13 | 28.18 |
| 65 | 12.33 | 11.24 | 13.06 | 10.88 | 12.48 | 33.97 | 42.01 | 28.84 | 48.00 | 39.27 |
| 70 | 9.57 | 8.75 | 10.11 | 8.68 | 10.08 | 52.06 | 62.77 | 46.46 | 70.50 | 55.84 |
| 75 | 7.24 | 6.70 | 7.64 | 7.01 | 8.05 | 80.12 | 94.56 | 73.09 | 101.19 | 77.27 |

in 1942 among Metropolitan Industrial policyholders reflects the very favorable mortality experience during the year. Death rates of less than one per 1,000 were recorded for white boys of ages 7 to 13 years, and for white girls in the broad age range 4 to 18 years. Among the latter, phenomenally low rates of less than 0.5 per 1,000 were observed at ages from 9 to 12 years. Equally remarkable were the records in early adult life. Thus, among white females, death rates were less than two per 1,000 up to age 30, and less than three per 1,000 up to age 37. The present low level of the death rate, particularly at the younger ages, reflects in large measure the accomplishments of preventive medicine and the public health movement in recent decades. Here, indeed, is the reward for the constant effort to control tuberculosis, typhoid fever, diarrhea and enteritis, the communicable diseases of childhood, pneumonia, appendicitis, and a number of other preventable causes of death. The greatly reduced death toll from accidents over the years has likewise saved large numbers of lives.

In 1942, as in other years, the longevity of colored persons was appreciably below that of the white. At age 5, the expectation of life of insured colored boys last year was about 4½ years less than for white boys; among girls the disparity amounted to seven years. The differences are even more striking when stated in terms of mortality. For example, at ages 27 to 32 the death rate for colored men in 1942 was at least twice that for white men. Among females at ages 14 to 25 years the death rate for the colored was more than three times that for the white. It is obvious that the colored population is still a fertile field for concentrated public health effort. This group is now experiencing the longevity that the white population did two decades ago.

American families, living far from the theaters of combat, came through the first year of the war relatively unscathed. They were still enjoying the benefits of the good health service they built up during the preceding period of peace. Our excellent medical and public health facilities, together with our rising standard of living, made possible the marked gains in longevity. But there are definite signs that the conflict in which the nation is engaged will make itself felt with much more weight in 1943. Current mortality data indicate that 1943 will witness the first setback in longevity since 1929. This retrogression is doubtless, in part, a product of the war. Our public health facilities can no longer expand as in the past; actually the supply of civilian physicians and nurses is materially cut down. Living conditions around many of our centers of war industry are far from satisfactory. The mounting losses in the armed forces and the tightened conditions of living of the civilian population will inevitably be written into the figures of mortality and longevity when these become available at the close of the year.

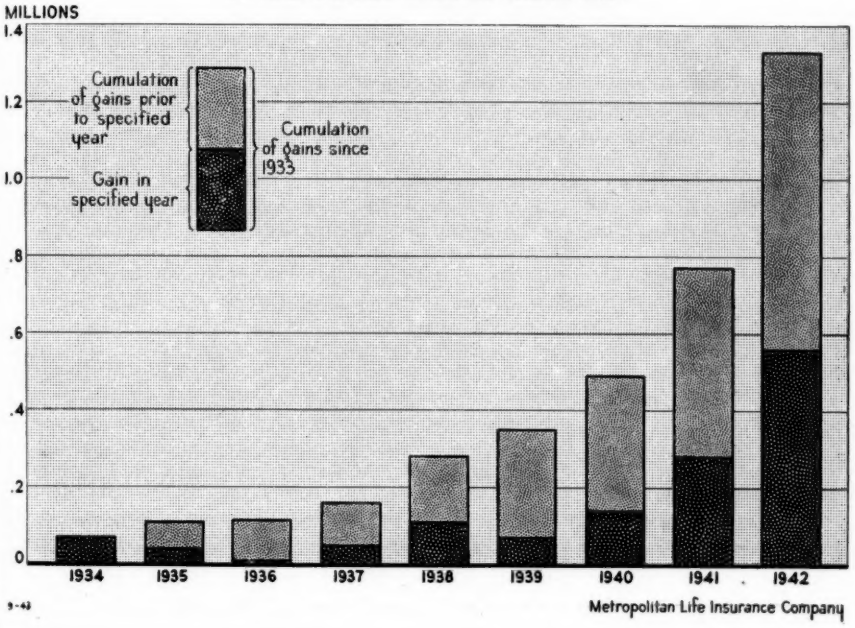
# A Dividend of Two Million Babies in Ten Years

WITHOUT the propaganda and pressure which have characterized the intensive campaigns of the Axis countries for more babies, the birth rate in the United States has been moving upward quite steadily from the minimum point it had reached in 1933. At first the rise in the birth rate was slow, paralleling the gradual recovery of the country from the depression of the early 30's. Between 1933 and 1939 the number of babies born in the United States increased only from 16.6 per 1,000 population to 17.3 per 1,000. Since then, however, as national income has climbed with the acceleration of wartime industrial activity, and as the marriage rates have increased to unprecedented high levels, the birth rate has risen rapidly. By 1942 it had jumped to 20.9 per 1,000. When the accounts are closed for 1943, the indications are that the rate may reach about 24 per 1,000, the level prevailing during the first World War. Because of the increase in population during the past quarter of a century, the actual number of babies born in 1943 will far exceed that for any previous year in the country's history.

The increase in the birth rate since the low of 1933 has yielded substantial dividends in babies born. To arrive at the total figure, the number of births recorded in each year was compared with the number that would have been observed if the rates of reproduction according to age of mother had continued as they were in 1933. It is clear from the chart on page 5 that the gain in the number of births in each year has varied considerably up to 1940. The gain in 1936, for example, was barely 9,000; in 1938 it amounted to 113,000. But beyond 1940 the excess of babies born over the number that the birth rate of 1933 would have provided, has grown progressively and by wide margins. The rise in the birth rate in 1941 contributed an additional 280,000 babies, virtually doubling the gain for the previous year. The gain was again doubled in 1942 when the excess births numbered 560,000, or an increase of 25 percent over the number that would have been born had the level of 1933 prevailed. If we add together the gains for each year from 1933 to 1942, the total comes to one and one third million; the three years 1940 to 1942 contributed one million of this total. When the contribution from 1943 is included, the gain comes to about two million births during the last decade.

The question naturally arises as to the probable future course of the birth rate in this country. May we expect the relatively high rates now prevailing to continue for any considerable length of time? It is reasonable to believe that with millions of men withdrawn from civilian life, the birth rate will probably go to lower levels in the near future. This would be in line with the experience of the belligerent countries in the

**INCREASE IN NUMBER OF BABIES BORN BECAUSE OF RISE IN BIRTH RATE IN THE UNITED STATES SINCE 1933**




first World War, and with the record for Germany and Italy in the present conflict. On the other hand, there is the recent experience of England and Wales. There the fall in the birth rate from 14.9 per 1,000 population in 1939 to 14.2 in 1941 was followed by a sharp rise to 15.8 per 1,000 in the following year; records available so far this year indicate that there will be a further rise in the rate for 1943. Thus, it does not always follow that prolonged participation in war is inevitably followed by a decline in the birth rate. Account must be taken of the circumstances pertaining to individual countries.

It would appear, then, that the birth rate in the United States will continue at a high level for the rest of the current year, and even for a good part of the coming year. However, a decline in the rate may be expected as an increasing number of men leave the country for military service in foreign lands. A counterbalancing force, however, is the relatively high income of those working in war industries at home. It appears very unlikely, even though the country should remain at war, that the birth rate will, within the next few years, return to the low point of a decade ago. This is reassuring for the future of our Nation. If the conditions of fertility and mortality prevailing in this country during 1933 had continued without change, our population would have eventually decreased at

the rate of 6 percent from one generation to the next. On the other hand, the conditions of 1942, continued unchanged into the future, would lead us to a population eventually increasing at the rate of 18 percent per generation.

During the past decade the birth rate in the United States has exhibited remarkable resiliency. But even more important, the greater fertility has been the voluntary expression of a free people who have faith in the future of their country.

## Maternal Mortality Drops Sharply

THE campaign to reduce the hazards of maternity has been extraordinarily successful in recent years. Maternal mortality in the United States has been declining continuously for more than a decade, and in this period has dropped by more than two thirds. Prior to 1934 there were between six and seven maternal deaths per 1,000 live births a year in this country; at present, provisional reports indicate, the rate is just under two per 1,000, despite a sharply increased birth rate and a shortage of doctors and nurses. With this achievement the public health movement has scored another victory in its battle to curb deaths from preventable causes.

The improvement in the mortality associated with childbirth has been especially marked since 1936. In that year, as the table below shows, not a single State in the Union had a maternal death rate under four per 1,000 live births; by 1941 there were 38 States and the District of Columbia with rates under that figure. Similarly, in 1936, a total of 31 States and the District of Columbia recorded five or more maternal deaths for every thousand live births, while in 1941 only four States showed rates of that magnitude. When the detailed data become available for 1942 they will present an even brighter picture.

Many forces have been at work to reduce the hazards of childbearing since the early 1930's, when careful studies by the Maternity Center Association of New York, the New

NUMBER OF STATES* IN EACH SPECIFIED MATERNAL MORTALITY CLASS. UNITED STATES, 1936 TO 1941

| MATERNAL DEATHS PER 1,000 LIVE BIRTHS | 1941 | 1940 | 1939 | 1938 | 1937 | 1936 |
|---|---|---|---|---|---|---|
| Under 2.0 | 3 | 1 | 0 | 0 | 0 | 0 |
| 2.0—2.4 | 12 | 1 | 3 | 1 | 0 | 0 |
| 2.5—2.9 | 15 | 11 | 4 | 4 | 1 | 0 |
| 3.0—3.9 | 9 | 17 | 22 | 23 | 11 | 0 |
| 4.0—4.9 | 6 | 10 | 8 | 7 | 16 | 17 |
| 5.0 and Over | 4 | 9 | 12 | 14 | 21 | 32 |

*Includes the District of Columbia.

York Academy of Medicine, and others, clearly demonstrated that two thirds of the deaths from maternity were due to inadequate or improper care during pregnancy, confinement, and the post-partum period. When it became widely known that thousands of women and babies were being sacrificed every year, public and voluntary agencies intensified their campaigns to curb this loss of life. The medical profession has played a major role in this effort. Standards of obstetrical practice have been raised throughout the country. At the same time, medical schools have put greater emphasis on obstetrics in their curricula and have expanded their postgraduate studies in this field. The result has been an increased number of general practitioners who are qualified to handle maternity cases and a much wider circle of specialists.

Hospitals, too, have taken seriously their responsibilities to ensure safe maternity. These institutions have made definite contributions by expanding and improving their facilities, by perfecting their procedures, and by architecturally segregating the obstetric from the other services. The salutary effect of these measures has made itself felt to an increasing extent as the hospitalization of births has grown.

Added to these forces have been the activities of the Federal and State governments operating through maternity and child hygiene bureaus. These agencies have aroused the interest of communities throughout the country to safeguard the lives of mothers and babies. They have provided large numbers of public health nurses to render services in the homes of pregnant women and to educate them regarding approved practices of prenatal care and confinement. Side by side with these official efforts has been the work of many private agencies, among them the various local maternity associations and the nationwide Nursing Service of the Metropolitan Life Insurance Company. Whether employed by public or voluntary organizations, public health nurses, by carrying their message of better hygiene into millions of homes, have been an instrument in reducing maternal deaths.

In the past few years the use of the sulfa drugs has proved especially potent in controlling infection in maternity. There can be little doubt that the decline in deaths due to puerperal septicemia from 2.4 per 1,000 live births in 1935 to 1.2 in 1941, was due largely to the use of chemotherapy. For at least two decades prior to 1935 the puerperal septicemia death rate in this country showed no improvement, varying between 2.3 and 2.7 per 1,000 live births. Currently, the rate is probably less than 1 per 1,000.

Now that the hazards of maternity are well under control, the problem is one of cutting the loss of life of mothers and babies to the very minimum. This can be done most effectively by concentrating effort in those areas of the country where maternal deaths are still too frequent—the South and the South-

west. The highest maternal death rates in the United States are found in these regions, reflecting in large measure the unfavorable experience among colored women. In the majority of States the mortality among the colored in 1941 was more than twice that for the white. Moreover, the decline in maternal mortality among the colored has been much more gradual than among the white. This is hardly surprising in view of the fact that, while 97 percent of the white women are attended by a physician at birth, only slightly more than half the colored women receive such care. Further progress in reducing the national toll from puerperal causes will depend especially upon providing better facilities for the care of colored women during pregnancy and confinement.

## Cerebrospinal Meningitis in Wartime

CEREBROSPINAL meningitis, a severe infectious disease affecting the membranes of the brain and spinal cord, recorded its most extensive outbreak in this country's history during 1943. Up to the end of July the number of cases reported was over 13,000. On the basis of past experience, the total for the year will probably exceed 17,000 cases. This is equivalent to a rate of 13 per 100,000 population, or 50 percent higher than the figure for the last widespread epidemic of the disease in 1929.

The recent epidemic has affected practically every part of the country, but as compared with recent nonepidemic years—1939-1941—the situation has been particularly disturbing in rather widely scattered areas. The State worst affected has been Rhode Island, with a rate to the end of July of 89 cases per 100,000 population (annual basis). In the first seven months of this year the number of cases was more than 40 times the average for a whole year during 1939-1941. Other States with exceptionally high rates of increase over 1939-1941 are: Maine, New Jersey, Missouri, South Carolina, Utah, and Oregon. In addition, the rate of increase is well above the average for the Nation as a whole in Connecticut, Delaware, Florida, Idaho, Washington, and California.

The prevalence of cerebrospinal meningitis is subject to rather wide fluctuations from year to year. The disease, unlike some other epidemic conditions, does not have a regular cycle. A recent analysis of data for New York City since 1863 seems to indicate an interval between peaks of 10 to 12 years, but longer periods have been reported for other areas.

Prior to the present epidemic, the disease was at an extremely low ebb. In 1939-1941, cases reported for the entire country averaged less than 1,900 per year, with a low of 1,665 cases in 1940, or at a rate of 1.3 cases per 100,000 population. Early in 1942, new cases began to increase in number and in April, when the spring peak occurred, were double

the number reported for April 1941. While the number of cases declined in the summer and early fall, they remained well above the level of the three preceding years. Then, in the last two months of 1942 and continuing into 1943, the number of new cases mounted rapidly. At the peak, in the spring of 1943, they were more than 10 times the average for the corresponding period of 1939-1941. Despite the sharp seasonal drop in cases since April, the number for July was eight times the 1939-1941 average for the month. Altogether, the 13,258 cases reported for the first 30 weeks of the current year were nearly six times the number for the same period of 1942, and nearly 11 times the 1939-1941 average. A large proportion of the cases reported in 1943 occurred in Army camps or Naval Training Stations.

The epidemic through which we have just passed is a typical wartime phenomenon, although epidemics are by no means limited to war periods. Cerebrospinal meningitis increased perceptibly during the first World War, but did not reach anything like the level of prevalence of the present war. Because of the high mortality from the disease at that time, it was an important cause of death in that war.

England has probably suffered more from cerebrospinal fever, as the disease is known there, than any other belligerent in this war, the situation having been particularly unfavorable during 1940 and 1941. In these two years the number of cases was close to 10 times the average for the three prior years. Even last year's figure was higher than at any time before the present war, and the prevalence in the early months of 1943 has remained above the prewar average.

Fortunately, in 1943, we have a powerful weapon against this disease. The majority of cases are now cured by the sulfa drugs, which have revolutionized the treatment of the disease. In the general population, prior to 1939, the proportion of deaths to cases was more than 40 percent. Thanks largely to sulfa drug treatment, recent years have shown a marked change for the better. Preliminary data for 1942 for this country give a fatality figure only slightly more than 20 percent. In England the ratio of deaths to cases has also fallen steadily, from 65 percent in 1936 to approximately 20 percent in the years since 1940. Where facilities for diagnosis and early treatment are better than average, fatality rates of 10 percent or less are experienced. Indeed, in our Army camps, the rate has been only 3½ percent, as compared with 34 percent in the first World War. Moreover, relapses have been virtually eliminated and the frequency of complications greatly reduced.

As a result of the new treatment of cerebrospinal meningitis, the number of deaths from the disease in 1943 will be much less than in the previous record year 1929, although the number of cases will be much greater. This year's mortality will probably fall below that of several other years, including 1917 and 1918.

# George H. Van Buren
# 1874-1943

WE REGRET to announce that George H. Van Buren, formerly General Supervisor of the Statistical Bureau, died suddenly on August 2d. He had spent his entire working life in the field of vital statistics and was recognized as an authority in the field of disease classification. Mr. Van Buren was appointed to the Statistical Bureau of the Company in 1916, after having served in the Division of Vital Statistics of the United States Bureau of the Census since 1900. His expert knowledge of the problems incidental to the classification of causes of death ensured the accuracy and the comparability of the data compiled by the Statistical Bureau Staff working under his direction. Through the sound procedures he instituted, Mr. Van Buren laid the groundwork for many of the scientific contributions of the Statistical Bureau over the years.

Mr. Van Buren was a delegate to the International Conference on the Classification of Causes of Death held in Paris in 1920, 1929, and again in 1939. For many years he served as Executive Secretary of the American Public Health Association Committee on the Accuracy of Certified Causes of Death, and represented the American Statistical Association on the National Conference on the Nomenclature of Diseases. Mr. Van Buren was Managing Editor of the STATISTICAL BULLETIN from its inception in 1920 until his retirement at the end of 1940.

His warm personality and kindly spirit won for him many friends among his associates in the Company as well as among vital statisticians throughout the country and abroad.

# Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for July 1943 and July 1942, together with the death rates for the first seven months of 1943, 1942, and 1941.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES.
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS —
METROPOLITAN LIFE INSURANCE COMPANY

| CAUSES OF DEATH | ANNUAL RATE PER 100,000 POLICYHOLDERS* | | | | |
|---|---|---|---|---|---|
| | July 1943 | July 1942 | Year to Date: End of July | | |
| | | | 1943 | 1942 | 1941 |
| ALL CAUSES—TOTAL | 739.5 | 680.6 | 810.5 | 751.5 | 782.8 |
| Typhoid fever | 0.3 | 0.5 | 0.2 | 0.3 | 0.5 |
| Measles | .6 | .5 | .8 | .7 | 1.2 |
| Scarlet fever | .1 | .3 | .4 | .4 | .5 |
| Whooping cough | 1.0 | 1.0 | 1.4 | 1.0 | 1.4 |
| Diphtheria | .6 | .5 | .7 | .5 | .6 |
| Influenza | 1.9 | 1.8 | 6.8 | 5.1 | 11.2 |
| Pneumonia (all forms) | 22.5 | 18.9 | 41.4 | 32.7 | 37.7 |
| Tuberculosis (all forms) | 41.5 | 41.3 | 41.5 | 43.1 | 44.4 |
| Tuberculosis of respiratory system | 36.5 | 36.7 | 37.5 | 38.6 | 40.5 |
| Syphilis | 7.4 | 9.7 | 10.0 | 11.0 | 11.7 |
| Cancer (all forms) | 100.1 | 105.3 | 106.8 | 104.3 | 104.1 |
| Diabetes mellitus | 24.2 | 23.8 | 29.3 | 29.0 | 29.3 |
| Cerebral hemorrhage | 59.1 | 56.2 | 68.3 | 61.4 | 63.1 |
| Diseases of the coronary arteries and angina pectoris | 51.6 | 46.8 | 62.7 | 58.3 | 55.8 |
| Other chronic heart diseases† | 154.8 | 130.6 | 180.2 | 161.1 | 165.1 |
| Diarrhea and enteritis | 5.1 | 5.2 | 3.6 | 3.6 | 3.0 |
| Appendicitis | 5.7 | 6.1 | 5.5 | 5.7 | 7.7 |
| Chronic nephritis | 47.0 | 41.9 | 52.8 | 51.3 | 54.4 |
| Puerperal state—total | 4.5 | 4.4 | 4.3 | 4.4 | 4.6 |
| Suicides | 6.1 | 6.7 | 6.5 | 7.6 | 7.7 |
| Homicides | 2.3 | 3.3 | 3.2 | 3.7 | 3.6 |
| Accidents—total | 61.8 | 53.9 | 50.5 | 51.0 | 49.0 |
| Home accidents | 8.6 | 9.0 | 12.4 | 11.9 | 11.5 |
| Occupational accidents | 7.2 | 7.8 | 6.5 | 6.8 | ** |
| Motor vehicle accidents | 12.1 | 8.0 | 11.7 | 16.8 | 19.6 |
| War deaths (enemy action) | 11.5 | 2.7 | 11.2 | 4.2 | .1 |
| All other causes of death | 129.9 | 119.1 | 122.5 | 111.1 | 126.1 |

*The rates for 1943 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.
†International List (1940) titles 92, 93 (c), (d), (e), and 95.
**Not available.

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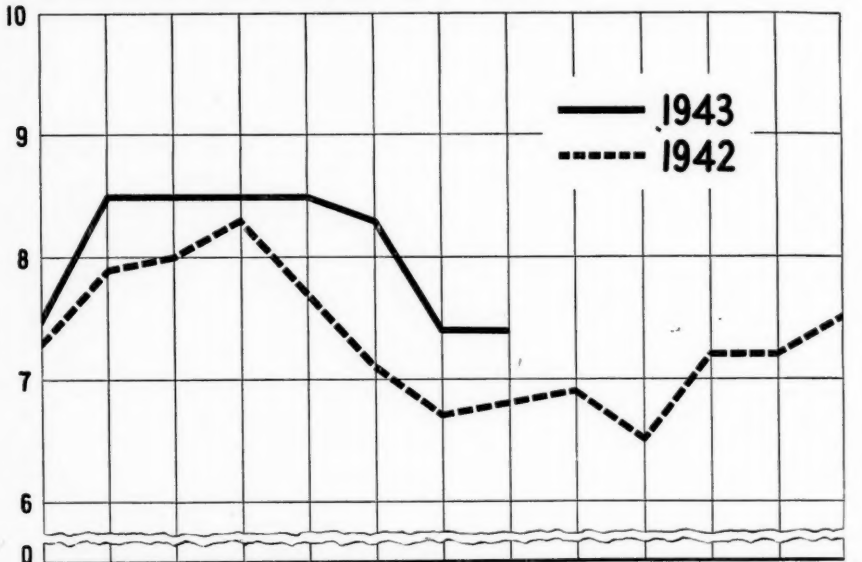
# MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 · ANNUAL BASIS (*1943 figures are provisional*)




| (DEC) | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *1942* | 7.9 | 8.0 | 8.3 | 7.7 | 7.1 | 6.7 | 6.8 | 6.9 | 6.5 | 7.2 | 7.2 | 7.5 |
| *1943* | 8.5 | 8.5 | 8.5 | 8.5 | 8.3 | 7.4 | 7.4 | | | | | |

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